

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 135
Registered No. 204

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Miami Insp. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Helen Aileen Guthrie
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth May 11- 1928
Month Day Year

8. FATHER
Full name William Harvey Guthrie

14. MOTHER
Full maiden name Nell Paine

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 37 (Years)

16. Color or race Cauc. 17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Herrville, Texas
(State or country)

18. Birthplace (city or place) Burnett Texas
(State or country)

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child). } (a) Born alive and now living 6
(b) Born alive but now dead _____
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 20 a.m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____

Filed May 20 1928 Registrar G. E. Jones

875-511-592